ST. ELIZABETH'S NURSING HOME

Number of Residents on 12/31/01:

502 ST. LAWRENCE

JANESVI LLE Ownership: Non-Profit Corporation 53545 Phone: (608) 752-6709 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 43 Yes Total Licensed Bed Capacity (12/31/01): 43 Title 19 (Medicaid) Certified? Yes

43

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	25. 6
Supp. Home Care-Personal Care	No					l 1 - 4 Years	37. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	37. 2
Day Services	No	Mental Illness (Org./Psy)	16. 3	65 - 74	7. 0	1	
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	32. 6	İ'	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 3	85 - 94	48. 8	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 3	95 & 0ver	11.6	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2. 3	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 7	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	25. 6	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	9. 3			RNs	12. 5
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	1. 3
Other Services	No	Respi ratory	4. 7			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	32.6	Male	11.6	Aides, & Orderlies	43.8
Mentally Ill	No			Female	88. 4		
Provi de Day Programming for		İ	100. 0		j		
Developmentally Disabled	No			İ	100.0		
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Average Daily Census:

42

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	1	100.0	254	26	96. 3	114	0	0.0	0	7	46. 7	143	0	0.0	0	0	0.0	0	34	79. 1
Intermedi ate				1	3. 7	92	0	0.0	0	8	53. 3	136	0	0.0	0	0	0.0	0	9	20. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		27	100.0		0	0.0		15	100.0		0	0.0		0	0.0		43	100. 0

ST. ELIZABETH'S NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditio	ns, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	'						
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	7. 7	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	23. 1	Bathi ng	0.0		76. 7	23. 3	43
Other Nursing Homes	30.8	Dressi ng	2. 3		74. 4	23. 3	43
Acute Care Hospitals	7.7	Transferring	23. 3		46. 5	30. 2	43
Psych. HospMR/DD Facilities	0.0	Toilet Use	9. 3		58 . 1	32. 6	43
Rehabilitation Hospitals	0.0	Eating	23. 3		44. 2	32. 6	43
Other Locations	30.8	**************	******	******	******	********	*****
Total Number of Admissions	13	Conti nence		%	Special Treatm		%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	0. 0	Receiving Re	spi ratory Care	11. 6
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	67. 4	Receiving Tr	acheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	32. 6	Receiving Su	cti oni ng	2. 3
Other Nursing Homes	0.0				Receiving 0s	tomy Care	9. 3
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tu	be Feeding	7. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Me	chanically Altered Diets	37. 2
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	100	With Pressure Sores		0. 0	Have Advance	Di recti ves	81. 4
Total Number of Discharges		With Rashes		11.6	Medi cati ons		
(Including Deaths)	13				Receiving Ps	ychoactive Drugs	51. 2

************************************* Ownershi p: Bed Size: Li censure: Nonprofit Under 50 Skilled Al l Thi s Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.7 89. 4 1.09 83.8 1. 17 84.3 1. 16 84.6 1.15 Current Residents from In-County 90.7 82.7 1. 10 74. 6 1. 22 82.7 1. 10 77. 0 1. 18 Admissions from In-County, Still Residing 84.6 25.4 3.33 33. 2 2.55 21.6 3.92 20.8 4.07 Admissions/Average Daily Census 31.0 117.0 0.26 75. 3 0.41 137. 9 0. 22 128. 9 0.24 Discharges/Average Daily Census 31.0 0. 26 77. 3 0.40 139. 0 0. 22 130.0 0.24 116.8 Discharges To Private Residence/Average Daily Census 0.0 42. 1 0.00 15. 9 0.00 55. 2 0.00 52.8 0.00 Residents Receiving Skilled Care 79. 1 93.4 0.85 91.2 0.87 91.8 0.86 85. 3 0.93 Residents Aged 65 and Older 100 96. 2 1.04 97. 7 1.02 92. 5 87. 5 1.08 1. 14 Title 19 (Medicaid) Funded Residents 62.8 57.0 60. 7 1.03 64.3 0.98 68. 7 1. 10 0.91 Private Pay Funded Residents 34.9 35. 6 0.96 25.6 22. 0 0.98 36. 2 1. 36 1. 59 Developmentally Disabled Residents 0.0 0.6 0.00 1.4 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 16. 3 37.4 0.44 33. 9 0.48 37. 4 0.44 33. 8 0.48 General Medical Service Residents 32. 6 21.4 1.52 24. 3 1. 34 21. 2 1.54 19.4 1.68 49.3 Impaired ADL (Mean) 59. 1 51.7 51. 1 1. 16 49.6 1. 20 1. 14 1. 19 Psychological Problems 51. 2 52.8 0.97 58. 2 0.88 54. 1 0.95 51. 9 0.99 Nursing Care Required (Mean) 9. 9 6. 4 1. 54 7. 0 1. 41 6. 5 1. 51 7. 3 1. 35